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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/688,961	10/17/2000	ALAIN BETHUNE	107615	1437
25944 7590 01/09/2008 OLIFF & BERRIDGE, PLC P.O. BOX 320850 ALEXANDRIA, VA 22320-4850				
EXAMINER				
MCCLELLAND, KIMBERLY KEIL				
ART UNIT		PAPER NUMBER		
1791				
MAIL DATE		DELIVERY MODE		
01/09/2008		PAPER		

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.



**UNITED STATES PATENT AND TRADEMARK OFFICE**

**Board of Patent Appeals and Interferences**

OLIFF & BERRIDGE, PLC  
P.O. BOX 320850  
ALEXANDRIA, VA 22320-4850

Appeal No: 2008-1106  
Appellant: ALAIN BETHUNE  
Application No: 09/688,961  
Hearing Room: A  
Hearing Docket: A  
Hearing Date: Tuesday, February 12, 2008  
Hearing Time: 01:00 PM  
Location: Madison Building - East Wing  
600 Dulany Street, 9th Floor  
Alexandria, Virginia 22313-1450

**NOTICE OF HEARING  
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

**CHECK ONE: ( ) HEARING ATTENDANCE CONFIRMED ( ) HEARING ATTENDANCE WAIVED**

\_\_\_\_\_  
Signature of Attorney/Agent/Appellant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registration No.

Names of other visitors expected to accompany counsel: \_\_\_\_\_

For information on visitor access to hearing rooms and security procedures at the USPTO Alexandria Campus, see  
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